

CONCUSSION PROTOCOL & RETURN TO PLAY PROCESS

IMMEDIATE OR ON-FIELD ASSESSMENT

Assessment for all athletes who are suspected of having a concussion.

If any of the following “Red Flags” or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

RED FLAGS:	
• Neck pain or tenderness	• Seizure or convulsion
• Double vision	• Loss of consciousness
• Weakness or tingling/ burning in arms or legs	• Deteriorating conscious state
• Severe or increasing headache	• Vomiting
	• Increasingly restless, agitated or combative

DO's

1. Athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. ***The diagnosis of a concussion is a clinical judgment, made by a medical professional.***
2. No athlete diagnosed with concussion should be returned to play on the day of injury. ***Remember - the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.***
3. If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
4. Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
5. Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
 - a. ***Simple Cognitive Screening Questions Standardised Assessment of Concussion (SAC)4***
 - i. *What day is it? Do you know where you're? Do you know where you're? What year is it?*

DON'Ts

1. Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
2. Assessment for a spinal cord injury is a critical part of the initial on-field assessment. ***Do not remove any player equipment unless trained to do so safely.***

RETURN-TO-PLAY POLICY



SFC adheres to BC Soccer Association Concussion Policy requiring medical clearance by qualified medical professional prior to allowing a player to return to play after being diagnosed with a concussion.

- (1) No activity, complete rest. Once the athlete is asymptomatic, they proceed to level two. The athlete spends, at the minimum, one day at each stage.***
- (2) Light aerobic exercises such as walking or stationary cycling, no resistance training. Performing step two without symptoms allows the athlete to proceed to level three. If symptoms return, the athlete moves back one stage then continues.***
- (3) Sport specific training (e.g. skating in hockey, running in football/soccer), progressive addition of resistance training at steps three or four. Performing step three without symptoms allows the athlete to proceed to level four.***
- (4) Non-contact training drills. Performing step four without symptoms allows the athlete to proceed to level five.***
- (5) Full contact training after medical clearance. Performing step five without symptoms allows the athlete to proceed to level six.***
- (6) Game play***

Resources:

- (1) Created by the British Columbia Injury Research and Prevention Unit, the Concussion Awareness Training Tool (CATT), is free, accessible and regularly updated with evidence-based information and resources. Each toolkit includes a self-paced learning module as well as tailored resources relevant to the specific audience. CATT's objective is to educate medical & school professionals as well as parents, players, and coaches to learn how to recognize and respond to a concussion as well as manage recovery. <https://cattonline.com/>*
- (2) <https://www.bcsoccer.net/files/Coach/SoccerScience/Players%20Health-Head%20Injuries%20%20Concussions.pdf>*
- (3) https://cdn1.sportngin.com/attachments/document/0117/0013/FIFA_Concussion_Pocket_Form.pdf?_ga=2.76837712.471190185.1572041624-320131213.1572041624*